



WORKPLACE SAFETY INSPECTION REPORT

DISTRIBUTION:

School/Facility: _____
 Area(s) Inspected: _____
 (include map if necessary)

- Principal/Manager/Supervisor
- Health & Safety Officer
- Post on OH & S Bulletin Board

Principal/Vice-Principal/Supervisor:	Workplace Safety Representative:	Page _____ of _____
Signature:	Signature:	Inspection Date:

Completed by Worksite Safety Representative						Corrective Measure Taken/Action Plan (Work Order # and/or Purchase Order # and date)	
Hazard #	Location/ Room#	Hazard Observed	Repeat Item*	Recommendation(s)	Hazard Rating	Status	
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Bring Forward to the JHSC

HAZARD SEVERITY: *“A” Major Hazard – Fatal or Critical* *“B” Moderate Hazard – Serious Injury or illness* *“C” Minor Hazard – Minor Injury or illness*

Please fax and/or email completed report to Jaime Russell, Health & Safety Officer, by the 15th of each month

Phone: 613-735-1031 ext 343 Fax: 613-735-1715 Email: jrussell@rccdsb.edu.on.ca